

**Billing Code: 4163-18-P**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Program to Reduce the Impact of HIV/AIDS Within the  
Correctional Services System of the Republic of South  
Africa**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-AA051

**Catalog of Federal Domestic Assistance Number:** 93.067

**Key Dates:**

**Application Deadline:** August 29, 2005

#### **I. Funding Opportunity Description**

**Authority:** This program is authorized under Sections 301(a) and 307 of the Public Health Service Act [42 U.S.C. Sections 241 and 242l], as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people

with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address:

<http://www.state.gov/s/gac/rl/or/c11652.htm>

To carry out its activities in these countries, HHS is working in a collaborative manner with national Governments and other agencies to develop programs of assistance to address the HIV/AIDS epidemic. In particular, HHS's mission in South Africa is to work with the National Department of Health and its partners to develop and apply effective interventions to prevent and treat HIV infection and associated illness and death from AIDS.

South Africa has one of the largest HIV/AIDS epidemics in the world, with an estimated 5.3 million persons living with HIV/AIDS, approximately 600,000 new infections each year, and a prevalence rate of 21.5 percent among adults.

There are approximately 182,000 prisoners (both sentenced and non-sentenced) incarcerated in 239 correctional centers (prisons) managed by the Department of Correctional Services (DCS) in the Republic of South Africa. There are an additional 81,000 prisoners in community corrections programs. The DCS currently employs 35,000 persons.

No HIV prevalence study has been carried out among prisoners or among personnel. According to voluntary testing results, approximately three percent of the correctional center population (or 6,700 persons) are HIV-infected. The infection rate for correctional center personnel obtained from employee medical aid records indicates an HIV prevalence of approximately two percent.

**Purpose:** The purpose of this funding announcement is to progressively build an indigenous, sustainable response to the national HIV epidemic in South Africa through the rapid expansion of innovative, culturally appropriate, high-quality HIV/AIDS prevention and care interventions.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services (HHS) works with

host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan.

HHS focuses on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs, building programs to reduce mother-to-child transmission, and strengthening programs to reduce transmission via blood transfusion and medical injections.
- Improving the care and treatment of HIV/AIDS, sexually transmitted diseases (STDs) and related opportunistic infections by improving STD management; enhancing care and treatment of opportunistic infections, including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART).
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STD/TB surveillance programs and strengthening laboratory support for surveillance,

diagnosis, treatment, disease-monitoring and HIV screening for blood safety.

Targeted countries represent countries with the most severe epidemics and the highest number of new infections. They also represent countries where the potential for impact is greatest and where U.S. Government agencies are already active. South Africa is one of these targeted countries.

As part of a collective national response, the Emergency Plan goals specific to South Africa are to treat at least 500,000 HIV-infected individuals; care for 2,500,000 HIV-affected individuals, including orphans.

This program will continue and expand the HIV/AIDS prevention, care and support currently available to prisoners and staff in the correctional centers in all nine provinces of South Africa. The program will focus on the following key areas: prevention, care and support, capacity-building, policy implementation, and monitoring and evaluation.

Measurable outcomes of the program will be in alignment with the numerical performance goals of the President's Emergency Plan and with the following performance goal of

the National Center for HIV, STD and TB Prevention of the Centers for Disease Control and Prevention within HHS: By 2010, work with other countries, international organizations, the U.S. Department of State, U.S. Agency for International Development (USAID), and other partners to achieve the United Nations General Assembly Special Session on HIV/AIDS goal of reducing prevalence among young people 15 to 24 years of age.

This announcement is only for non-research activities supported by HHS, including the Centers for Disease Control and Prevention (CDC). If an applicant proposes research, HHS will not review the application. For the definition of "research," please see the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/ads/opspoll1.htm>

**Activities:**

The awardee will either implement activities directly or through its subgrantees and/or subcontractors; the awardee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the Global AIDS Coordinator.

Applicants should describe activities in detail as part of a four-year action plan (U.S. Government Fiscal Years 2005-2008 inclusive) that reflects the policies and goals outlined in the five-year strategy for the President's Emergency Plan.

The grantee will produce an annual operational plan in the context of this four-year plan, which the U.S. Government Emergency Plan team on the ground in South Africa will review as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process managed by the Office of the U.S. Global AIDS Coordinator. The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals, as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review and approval process.

Awardee activities for this program are as follows:

1. Develop a plan for the implementation and improvement of HIV prevention activities<sup>1</sup> within the correctional centers managed by the South Africa DCS. This will include: (a) training of master trainers to train peer educators (sentenced and non-sentenced prisoners) in abstinence and fidelity; (b) basic HIV/AIDS information, as well as information on sexually transmitted infections (STIs), TB/HIV and nutrition and positive living; (c) weekly dissemination of information and advocacy related to HIV/AIDS in the form of lectures, video sessions, and discussion groups, distribution of pamphlets and other media; (d) commemoration of calendar events throughout the year; and (e) identification and development of agreements with non-governmental organizations (NGOs), such as faith-based organizations, and other potential stakeholders for the recruitment, training, and

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<sup>1</sup> Prevention methods and strategies should emphasize abstinence for youth and other unmarried persons, mutual faithfulness and partner reduction for sexually active adults, and correct and consistent use of condoms by those populations who are engaged in high-risk behaviors. Behaviors that increase risk for HIV transmission include: engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs. Women, even if faithful themselves, can still be at risk of becoming infected by their spouse, regular male partner, or someone using force against them. Other high-risk persons or groups include men who have sex with men and workers who are employed away from home. Awardees may not implement condom social marketing without also implementing the abstinence and faithfulness behavior-change interventions outlined above.



assignment of personnel required to conduct these activities.

2. Improve the ability of health care workers to provide care and support to the correctional center population living with HIV/AIDS. This will include training of health care workers (nurses and medical practitioners) as master trainers to train and supervise prisoners to care for terminally ill prisoners, conducting stigma mitigation intervention sessions with prisoners, and piloting the provision of anti-retroviral treatment to prisoners.
3. Expand the current DCS confidential voluntary counseling and testing services. This will include training health care workers in testing; training nurses, social workers, psychologists, and spiritual care workers in pre- and post-test counseling; and purchasing test kits.
4. Plan and coordinate a conference on HIV/AIDS in prisons with the purpose of sharing experiences and lessons learned, developing networks, and highlighting promising practices within the South African and the South Africa DCS regional prison system.
5. Develop and expand monitoring and evaluation activities. This will include: conducting HIV

prevalence and risk-behavior surveys based on the World Health Organization (WHO) and Joint United Programme on HIV/AIDS (UNAIDS) guidelines on HIV testing in correctional centers for both prisoners and staff members; conducting regular monitoring visits to the program sites; undertaking mid-term and terminal program evaluations; and reporting on programs.

6. Develop the DCS management structure for the HIV/AIDS program. This will include sustaining the 2005 appointment of six coordinators at management areas, and introducing the 2006 appointment of six additional coordinators at management areas. Coordinators will be responsible for ensuring implementation of all aspects of the HIV/AIDS program, including data collection and reporting.
7. Progressively reinforce the capacity of faith- and community-based organizations and village and district AIDS committees to promote quality, local ownership, accountability and sustainability of activities.
8. Develop and implement a project-specific participatory monitoring and evaluation plan by drawing on national and U.S. Government requirements and tools, including the strategic information guidance provided by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, HHS/CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

HHS Activities for this program are as follows:

1. Collaborate with the South Africa DCS and other partners in the design and implementation of the activities listed above, including, but not limited to, providing technical assistance to enhance the development and implementation of prevention activities; confidential counseling and testing; HIV surveillance activities; training; quality assurance; data management; monitoring and evaluation; and presentation of program findings.
2. When necessary, procure, in a competitive and transparent process, specific laboratory and other equipment, reagents, and consumables, as well as other materials required to conduct activities proposed by this agreement.
3. Monitor the quality of services and expansion of project activities in collaboration with the South Africa DCS. This includes establishing criteria necessary to assure that activities are implemented on schedule and according to plan.

4. Participate in the selection of key personnel involved in project activities performed under this cooperative agreement.
5. Organize an orientation meeting with the grantee to brief them on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
6. Review and approve grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
7. Review and approve grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator.
8. Meet on a monthly basis with grantee to assess monthly expenditures in relation to approved work plan and modify plans as necessary.

9. Meet on a quarterly basis with grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
10. Meet on an annual basis with grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

## **II. Award Information**

**Type of Award:** Cooperative Agreement.

HHS involvement in this program is listed in the Activities Section above.

**Fiscal Year Funds:** 2005

**Approximate Total Funding:** \$5,000,000 (This amount is an estimate for the entire five-year project period, and is subject to availability of funds.)

**Approximate Number of Awards:** One

**Approximate Average Award:** \$1,000,000 (This amount is for the first 12-month budget period, and includes direct costs only.)

**Floor of Award Range:** None

**Ceiling of Award Range:** \$1,000,000 (This ceiling is for the first 12-month budget period.)

**Anticipated Award Date:** August 31, 2005

**Budget Period Length:** 12 months

**Project Period Length:** Five years

Throughout the project period, HHS' commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal Government, through the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.

### **III. Eligibility Information**

#### **III.1. Eligible applicants**

Assistance will go only to the South Africa DCS. No other applications are solicited.

The purpose of this announcement is to build upon the existing framework of HIV prevention care and treatment activities the DCS itself has developed or initiated. The DCS is the only agency mandated by the Government of the

Republic of South Africa to coordinate and implement HIV prevention care and treatment activities, including increased access to confidential counseling and testing, health education and information, and palliative care, in correctional settings. No other institution in South Africa has the capacity, legal mandate, and expertise to accomplish these program activities.

The DCS already has established mechanisms to develop and implement HIV/AIDS services throughout all nine provinces of South Africa, which enables it to become engaged immediately in the activities listed in this announcement. The DCS has developed and disseminated guidelines and standards for HIV preventative care and support services.

### **III.2. Cost Sharing or Matching Funds**

Matching funds are not required for this program.

### **III.3. Other**

If you request a funding amount greater than the ceiling of the award range, HHS/CDC will consider your application non-responsive, and it will not enter into the review process. We will notify you that your application did not meet the submission requirements.

**Special Requirements:**

If your application is incomplete or non-responsive to the special requirements listed in this section, it will not enter into the review process. We will notify you that your application did not meet submission requirements.

- HHS/CDC will consider late applications non-responsive. See section "IV.3. Submission Dates and Times" for more information on deadlines.
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

**IV. Application and Submission Information****IV.1. Address to Request Application Package**

To apply for this funding opportunity use application form PHS 5161-1.

**Electronic Submission:**

HHS strongly encourages the applicant to submit the application electronically by using the forms and instructions posted for this announcement on



[www.Grants.gov](http://www.Grants.gov), the official Federal agency wide E-grant Web site. Only applicants who apply on-line are permitted to forego paper copy submission of all application forms.

**Paper Submission:**

Application forms and instructions are available on the HHS/CDC Web site, at the following Internet address:  
[www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm)

If access to the Internet is not available, or if there is difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at 770-488-2700. We can mail application forms to you.

**IV.2. Content and Form of Submission**

**Application:** You must submit a project narrative with your application forms. You must submit the narrative in the following format:

- Maximum number of pages: 25. If your narrative exceeds the page limit, we will only review the first pages within the page limit.
- Font size: 12 point unrounded.
- Double-spaced.

- Paper size: 8.5 by 11 inches.
- Page margin size: One inch.
- Printed only on one side of page.
- Held together only by rubber bands or metal clips; not bound in any other way.
- Submitted in English.

Your narrative should address activities to be conducted over the entire project period, and must include the following items in the order listed:

- Context and Background (Understanding and Need)
- Goals
- Work Plan
- Objectives
- Description of Project Components and Activities
- Project Contribution to the Goals and Objectives of the Emergency Plan for AIDS Relief
- Timeline
- Performance Measures
- Methods of Evaluation
- Summary Budget - by line item - along with a budget justification (this will not be counted against the stated page limit).

You may include additional information in the application appendices. The appendices will not count toward the narrative page limit. This additional information includes the following:

- Curricula Vitae (CVs) and/or Resumes
- Organizational Charts
- Etc.

You must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, access [www.dunandbradstreet.com](http://www.dunandbradstreet.com) or call 1-866-705-5711.

For more information, see the HHS/CDC web site at:

<http://www.cdc.gov/od/pgo/funding/pubcommt.htm>

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

Additional requirements that could require you to submit additional documentation with your application are listed in section "VI.2. Administrative and National Policy Requirements."

#### **IV.3. Submission Dates and Times**

**Application Deadline Date:** August 29, 2005

**Explanation of Deadlines:** Applications must be received in the HHS/CDC Procurement and Grants Office by 4:00 p.m.

**Eastern Time on the deadline date.**

Applications may be submitted electronically at [www.grants.gov](http://www.grants.gov). We consider applications completed on-line through Grants.gov as formally submitted when the applicant organization's Authorizing Official electronically submits the application to [www.grants.gov](http://www.grants.gov). We will consider electronic applications as having met the deadline if the applicant organization's Authorizing Official has submitted the application electronically to Grants.gov on or before the deadline date and time.

If you submit your application electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped, which will serve as

receipt of submission. Applicants will receive an e-mail notice of receipt when HHS/CDC receives the application.

If you submit your application by the United States Postal Service or commercial delivery service, the applicant must ensure that the carrier will be able to guarantee delivery by the closing date and time. If HHS/CDC receives the submission after the closing date because of: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, the applicant will have the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, HHS/CDC will consider the submission as received by the deadline.

If a hard copy application is submitted, HHS/CDC will not notify the applicant upon receipt of the submission. If questions arise on the receipt of the application, the applicant should first contact the carrier. If the applicant still has questions, contact the PGO-TIM staff at (770)488-2700. The applicant should wait two to three days after the submission deadline before calling. This will allow time for us to process and log submissions.

This announcement is the definitive guide on application content, submission address, and deadline. It supersedes information provided in the application instructions. If the submission does not meet the deadline above, it will not be eligible for review, and we will discard it. We will notify the applicant that the application did not meet the submission requirements.

#### **IV.4. Intergovernmental Review of Applications**

Executive Order 12372 does not apply to this program.

#### **IV.5. Funding Restrictions**

Restrictions, which you must take into account while writing your budget, are as follows:

- Funds may not be used for research.
- Reimbursement of pre-award costs is not allowed.
- Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased if deemed necessary to accomplish program objectives; however, prior approval by HHS/CDC officials must be requested in writing.
- All requests for funds contained in the budget shall be stated in U.S. dollars. Once an award is made,

HHS/CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut, and the World Health Organization (WHO), Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States (U.S.) or to international organizations, regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required).
- You must obtain an annual audit of these HHS/CDC funds (program-specific audit) by a U.S.-based audit firm with international branches and current licensure/authority in-country, and in accordance with International Accounting Standards or equivalent standards(s) approved in writing by HHS/CDC.

- A fiscal Recipient Capability Assessment may be required, prior to or post award, to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

### **Prostitution and Related Activities**

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.



A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any "exempt organizations" (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, "Prostitution and Related Activities," in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, "Prostitution and Related Activities," is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization's

compliance with this section, "Prostitution and Related Activities."

All prime recipients that receive U.S. Government funds ("prime recipients") in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., "[Prime recipient's name] certifies compliance with the section, 'Prostitution and Related Activities.'" ) addressed to the agency's grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, "Prostitution and Related Activities," is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this

document in the event HHS determines the recipient has not complied with this section, "Prostitution and Related Activities."

You can find guidance for completing your budget on the HHS/CDC web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

#### **IV.6. Other Submission Requirements**

##### **Application Submission Address:**

##### **Electronic Submission:**

HHS/CDC strongly encourages applicants to submit applications electronically at [www.Grants.gov](http://www.Grants.gov). You will be able to download the application package from [www.Grants.gov](http://www.Grants.gov). Applicants are able to complete it off-line, and then upload and submit the application via the Grants.gov Web site. We will not accept e-mail submissions. If the applicant has technical difficulties in Grants.gov, the applicant can reach customer service by e-mail at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00a.m. to 9:00p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that submittal of the application to Grants.gov should be early to resolve any unanticipated difficulties prior to the deadline. Applicants may also submit a back-up paper submission of the application. We must receive any such paper submission in accordance with the requirements for timely submission detailed in Section IV.3. of the grant announcement. You must clearly mark the paper submission: "BACK-UP FOR ELECTRONIC SUBMISSION."

The paper submission must conform to all requirements for non-electronic submissions. If we receive both electronic and back-up paper submissions by the deadline, we will consider the electronic version the official submission.

We strongly recommend that the applicant submit the grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF could make the file unreadable for our staff.

**OR**

**Paper Submission:**

Applicants should submit the original and two hard copies of the application by mail or express delivery service to the following address:

Technical Information Management- CDC-RFA-AA051

CDC Procurement and Grants Office

U.S. Department of Health and Human Services

2920 Brandywine Road

Atlanta, GA 30341

## **V. Application Review Information**

### **V.1. Criteria**

Applicants must provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative, and must measure the intended outcome. Applicants must submit these measures of effectiveness with the application, and they will be an element of evaluation.

We will evaluate your application against the following criteria:

1. Understanding the Problem (25 points)

Does the applicant demonstrate a clear and concise understanding of the nature of the problems to be addressed as described in the Purpose section of this announcement? This includes a description of the planned activities to be undertaken and a detailed presentation of the objectives of the proposal. Does the applicant understand the national HIV/AIDS response and the five-year strategy and goals of the President's Emergency Plan such that it can build on these to develop a comprehensive, collaborative project?

## 2. Methodology (25 points)

Does the application include an overall design strategy, including measurable timelines, clear monitoring and evaluation procedures and specific activities that are evidence-based, realistic, achievable, measurable and culturally appropriate for meeting the proposed objectives and to achieve the goals of the Emergency Plan?

## 3. Personnel (25 points)

Are staff members involved in this project qualified to perform the tasks described and are the staff roles clearly defined? The CVs provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially

confidential counseling and testing; and development of capacity building among, and collaboration between, governmental and NGO partners.

#### 4. Administration and Management (25 points)

Does the applicant provide a clear plan to administer and manage the resources of the program, prepare reports, monitor and evaluate activities and audit expenditures?

#### 5. Budget (not scored)

Does the applicant present a detailed line-item budget, with clear justifications for all line items, that is consistent with the proposed activities and objectives of the proposal and with the five-year strategy and goals of the President's Emergency Plan in South Africa?

### **V.2. Review and Selection Process**

The HHS/CDC Procurement and Grants Office (PGO) staff will review applications for completeness, and HHS Global AIDS program will review them for responsiveness. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will receive notification that their application did not meet submission requirements.



A review panel will evaluate complete and responsive applications according to the criteria listed in the "V.1. Criteria" section above. The panel may include both Federal and non-Federal participants.

### **V.3. Anticipated Award Dates**

August 31, 2005

## **VI. Award Administration Information**

### **VI.1. Award Notices**

Successful applicants will receive a Notice of Award (NoA) from the HHS/CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and HHS/CDC. An authorized Grants Management Officer will sign the NoA, and mail it to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

### **VI.2. Administrative and National Policy Requirements**

45 CFR Part 74 and Part 92

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the

following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

The following additional requirements apply to this project:

- AR-4            HIV/AIDS Confidentiality Provisions
- AR-5            HIV Program Review Panel Requirements
- AR-6            Patient Care
- AR-10          Smoke-Free Workplace Requirements
- AR-11          Healthy People 2010

Applicants can find additional information on the HHS/CDC Web site at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/ARs.htm>.

You need to include an additional Certifications form from the PHS5161-1 application in the Grants.gov electronic submission only. Please refer to

<http://www.cdc.gov/od/pgo/funding/PHS5161-1->

[Certificates.pdf](#). Once you have filled out the form, please attach it to the Grants.gov submission as Other Attachments Form.

### **VI.3. Reporting Requirements**

You must provide HHS/CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
  - a. Current Budget Period Activities Objectives.
  - b. Current Budget Period Financial Progress.
  - c. New Budget Period Program Proposed Activity Objectives.
  - d. Detailed Line-Item Budget.
  - e. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for South Africa.
  - f. Additional Requested Information.
2. Financial status report no more than 90 days after the end of the budget period.
3. Final financial and performance reports, no more than 90 days after the end of the project period.
4. Annual progress report, due no more than 60 days after the end of the budget period. Reports should include progress against the numerical goals of the

President's Emergency Plan for AIDS Relief for South Africa.

Recipients must be mail these reports to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

## **VII. Agency Contacts**

We encourage inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section  
CDC Procurement and Grants Office  
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#### **VIII. Other Information**

Applicants can find this and other HHS funding opportunity  
announcements on the HHS/CDC web site, Internet address:

[www.cdc.gov](http://www.cdc.gov) (Click on "Funding" then "Grants and  
Cooperative Agreements"), and on the web site of the HHS  
Office of Global Health Affairs, Internet address:  
[www.globalhealth.gov](http://www.globalhealth.gov).

Dated:

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William P. Nichols, MPA

Director

Procurement and Grants Office

Centers for Disease Control

and Prevention

U.S. Department of Health and

Human Services